



TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

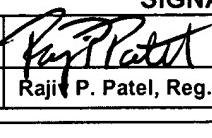
		Application Number	10/006,332
		Filing Date	November 30, 2001
		First Named Inventor	Christopher A. Johns
		Group Art Unit Number	2173
		Examiner Name	Cao H. Nguyen
Total Number of Pages in This Submission	11	Attorney Docket Number	16010-06209

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed (\$1,520.00)	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Request for Corrected Filing Receipt	<input checked="" type="checkbox"/> Pre-Appeal Brief Request for Review
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input checked="" type="checkbox"/> Attachment to Pre-Appeal Brief Request for Review
<input type="checkbox"/> Amendment/Response: [] Page(s)	<input type="checkbox"/>
<input type="checkbox"/> After Final	<input type="checkbox"/>
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

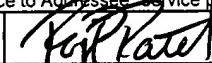
REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

Signature:		
Attorney/Reg. No.:	Rajiv P. Patel, Reg. No. 39,327	Dated: June 2, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:		
Typed or Printed Name:	Rajiv P. Patel	Dated: June 2, 2006
Express Mail Mailing Number (optional):		

